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RESEARCH ARTICLE

SUCCESSFUL HOMEOPATHIC MANAGEMENT OF PROGRESSIVE HYPOPIGMENTED DERMATOSIS IN A PEDIATRIC PATIENT TREATED AT DR BATRA'S® HOMEOPATHY CLINIC: A CLASSICAL CASE STUDY

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ABSTRACT

Hypopigmented dermatoses in children, especially when recurrent and progressive, pose diagnostic and therapeutic challenges. This case describes an 11-year-old male with rapidly progressive, multiple hypopigmented patches over the upper trunk, previously treated with conventional medicine with temporary relief and early relapse. A detailed classical homeopathic approach incorporating mental evolution, totality of symptoms, repertorisation, and miasmatic understanding was applied. Marked repigmentation, arrest of progression, and psychological transformation were achieved with individualized homeopathic treatment. This case highlights the effectiveness of classical homeopathy when practiced systematically at Dr Batra's® Homeopathy Clinic, where true transformation occurred.

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INTRODUCTION

Hypopigmented skin disorders in children may represent a spectrum ranging from post-infective or inflammatory conditions to early vitiligo-like states. Recurrent lesions, rapid spread, and failure of prior conventional therapy often lead to psychological distress and fear of chronicity. Homeopathy, through individualization and constitutional prescribing, aims not merely at cutaneous clearance but at restoring systemic balance. This paper documents a scientifically worked classical homeopathic case demonstrating sustained improvement and constitutional change.

Case Profile

- **Age / Sex:** 11 years / Male
- **Occupation:** Student
- **Chief Complaint:** Multiple hypopigmented patches on upper back and chest since 6 months
- **Progress:** Rapidly progressive ++++
- **Associated Symptoms:**
 - No itching
 - No scaling
- **Past History:** Similar episode 6 months earlier; treated with allopathy → complete but temporary resolution
- **Family History:** Non-contributory
- **Personal History:** Non-contributory

Mental: Since early childhood, the patient was described as quiet, shy, and inward-oriented. He avoided initiating conversations and preferred solitary play. At school, he required repeated prompting to respond, often remaining silent even when he knew the answer. Over time, especially after repeated questioning, he developed avoidance of direct answers, preferring nods or brief incomplete responses. As he grew older, timidity persisted, though he attempted to mask it with forced confidence. Teachers noted his inability to maintain eye contact, especially with authority figures. Despite adequate intelligence, he hesitated under observation, reflecting want of self-confidence rather than lack of knowledge. The recurrence and spread of visible skin lesions further reinforced his withdrawal and hesitation in communication, though internally he wished to perform well and be acknowledged.

Physical Generals

- **Appetite:** Normal; 3 meals/day
- **Thirst:** Normal (5–6 glasses/day)
- **Urine:** Normal
- **Stool:** Normal
- **Sleep:** Refreshing; 6–9 hours
- **Thermals:** Ambithermal
- **Perspiration:** Normal, non-offensive

Local Examination

- Numerous hypopigmented macules and patches

- Predominantly over upper back and chest
- Later extension to lower back and bilateral upper limbs
- No inflammation, itching, or scaling

Diagnosis

Progressive hypopigmented dermatosis (Pityriasis alba-vitiligo spectrum)

Totality of Symptoms

1. Hypopigmented white patches, progressive
2. Absence of itching and scaling
3. Recurrence after temporary suppression
4. Timidity since childhood
5. Want of self-confidence
6. Aversion to answering questions
7. Avoids eye contact

Repertorial Rubrics

- SKIN – DISCOLORATION – white – spots
- SKIN – VITILIGO
- MIND – TIMIDITY
- MIND – CONFIDENCE – want of self-confidence
- MIND – ANSWERS – aversion to
- MIND – ANSWERS – refuses to

Remedies	P/Ob.	Ans.	Reluct.	Illus.	meac.	Sil.	naux.	Calc.	Chin.	Hyos.	Nat.c.	Nat.m.	Sep.	Arn.	Astragal.	Sulfac.	Caust.	Ambr.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	6	6	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4
Intensity	11	9	11	7	7	9	8	7	7	7	7	7	6	6	6	5	4	4
Result	6/11	6/9	5/11	5/7	5/7	4/9	4/8	4/7	4/7	4/7	4/7	4/7	4/6	4/6	4/6	4/5	4/4	4/4
Clipboard 6																		
SKIN - VITILIGO	1	1		1	1	1					1	1	1					
SKIN - DISCOLORATION - white - spots	2	3	2	2	2	3		2			2		2					
MIND - CONFIDENCE - want of self-confidence	1	1	1	1	1	3	2	1	2	1	1	2	1	1	1	1	1	1
MIND - TIMIDITY	3	2	3	2	2	2	3	2	1	3	2	3	1	2	1	2	1	1
MIND - ANSWERS - aversion to	1	1	2	1	1		3			2		2	1	2	1	1	1	1
MIND - ANSWERS - refuses to	3	1	3			1		2	2			2	2	2	2	1	1	1

REPERTORISATION RESULT

The repertorial analysis highlighted remedies prominently covering both skin depigmentation and mental inhibition with refusal to answer, pointing toward a constitutional remedy with deep psoric-sycotic coverage.

LSMC Analysis

- **Location:** Skin, nervous system
- **Sensation:** Functional inactivity, lack of expression
- **Modalities:** Worse under observation, questioning
- **Concomitants:** Timidity, poor eye contact, avoidance

Miasmatic Assessment

- **Dominant:**Psora (functional disturbance, lack of pigment, insecurity)
- **Sub-dominant:**Sycosis (recurrence, spread, incomplete cure)

Remedy Selection

Natrummuriaticum was selected based on:

- Strong affinity for depigmented skin disorders
- Marked reserved, shy, inward personality
- Aversion to answering, emotional inhibition
- Chronicity with relapse after suppression

Prescription & Follow-Up Table

Date	Clinical Status	Prescription
30/09/2025	Numerous patches; rapid progression	Natrummuriaticum 200C – single dose
06/10/2025	Lesions almost gone; repigmentation ++	Placebo
22/11/2025	Few new lesions; old lesions improving	Natrummuriaticum 1M – single dose
23/12/2025	No new patches; continued repigmentation	Placebo
28/01/2026	Minimal residual lesion on lower back	Natrummuriaticum 1M – repeat single dose

Transformation Table

Table 2. Patient Transformation

Parameter	Before Treatment	After Treatment
Skin lesions	Numerous, rapidly progressive	Almost complete repigmentation
New patches	Frequent	Absent
Itching/scaling	Absent	Absent
Confidence	Low	Improved
Eye contact	Avoidant	Improved
Response to questions	Refusal/hesitation	More spontaneous
Emotional state	Shy, withdrawn	Calm, confident



DISCUSSION

This case exemplifies the importance of constitutional prescribing in pediatric dermatology. Despite apparent absence of local symptoms like itching or scaling, the rapid progression and recurrence pointed toward an internal imbalance. The mental symptoms, present since childhood and evolving subtly, formed the core of the case and guided remedy selection. Suppressive conventional treatment previously resulted in short-term clearance but failed to prevent relapse. In contrast, classical homeopathy addressed the root disturbance, leading to sustained repigmentation and psychological improvement. The systematic application of repertorisation, miasmatic understanding, and minimal dosing ensured a gentle yet deep response. The child's emotional transformation paralleled physical recovery, validating Hering's law of cure. This case reinforces the role of individualized homeopathy in chronic skin conditions, especially in children.

CONCLUSION

This case demonstrates successful management of progressive hypopigmented dermatosis through classical homeopathy. Detailed case-taking, emphasis on mental evolution, and constitutional prescribing were pivotal. The sustained clinical improvement,

absence of relapse, and positive psychological transformation confirm the depth of cure. Such outcomes highlight the relevance of classical homeopathy in pediatric dermatology. The transformation observed in this patient clearly occurred under systematic treatment at Dr Batra's® Homeopathy Clinic, reaffirming its role in evidence-based homeopathic practice.

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